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PTO/SB/2 (12/97)

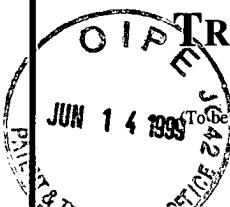
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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GROUP 170



TRANSMITTAL FORM

JUN 14 1999 (To be used for all correspondence after initial filing)

TOTAL NUMBER OF PAGES IN THIS SUBMISSION

17

Application Number	09/156,957
Filing Date	September 18, 1998
First Named Inventor	Benjamin N. Eldridge
Group Art Unit	3202
Examiner Name	Unassigned
Attorney Docket Number	003401.P006D

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals & Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) & Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition Checklist & Accompanying Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Small Entity Request	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Thomas M. Coester, Esq.
Signature	
Date	June 9, 1999

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:	June 9, 1999
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Typed or Printed Name		Kelly Reeves
Signature		Date

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FEE TRANSMITTAL

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Note: Effective October 1, 1997

Patent fees are subject to annual revision JUN 21 1999

TOTAL AMOUNT OF PAYMENT

(\$444.00 177

Complete If Known

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Filing Date	September 18, 1998
First Named Inventor	Benjamin N. Eldridge
Group Art Unit	3202
Examiner Name	Unassigned
Attorney Docket No.	003401.P006D

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees & credit any overpayments to:

Acct #	02-2666
Acct Name	Blakely Sokoloff Taylor & Zafman
<input checked="" type="checkbox"/> Charge any add'l fee required under 37 CFR 1.16 & 1.17	<input type="checkbox"/> Charge issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

Fee Calculation

1. Filing Fee

Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)
101	760	201	380
106	310	206	155
107	480	207	240
108	760	208	380
114	150	214	75
Subtotal (1)		(\$)-0-	

2. Claims

	*	Extra	Fee from Below	Fee Paid
Total Claims	51	35 -	16	X 18
Ind. Claims	6	4 -	2	X 78
Multiple Dependent Claims				0

Large Entity	Small Entity	Fee Description	
Code	Fee (\$)	Code	
103	18	203	9
102	78	202	39
104	260	204	130
109	78	209	39
110	18	210	9
Subtotal (2)		(\$444.00	

3 Additional Fees

Large Entity	Small Entity	Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	380	216	190
117	870	217	435
118	1360	218	680
128	1850	228	925
119	300	219	150
120	300	220	150
121	260	221	130
138	1510	138	1510
140	110	240	55
141	1210	241	605
142	1210	242	605
143	430	243	215
144	580	244	290
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	760	246	380
149	760	249	380

Other fee (specify)

JUL 02 1999

Other fee (specify)

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*Reduced by Basic Filing Fee Paid

Subtotal (3) (\$)-0-

SUBMITTED BY

COMPLETE (if applicable)

Name	Thomas M. Coester, Esq.	Reg. Number	39,637
Signature	Thomas Coester	Date	6/9/99

*Highest number of claims previously paid for if an amendment is being transmitted.

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